| PI | |
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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

| State | |
|----------|--|
| District | |
| County | |

| DUE |
|-------|
| DATES |

| | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | . 00020 20 | <u> </u> | | | | | |
|---------------|---------------|--------------------------|--|------------------|------------------|-----------|--|------------------|-----------------------------------|--|
| DUE DATES: | | February 1 February 1 | to Cou 5 to Sta | te Superint | endent | | Second Semester May 10 to County Superintendent May 24 to State Superintendent | | | |
| COMPLI | ETE TH | IS CLAIM FO | OR STA | TE REIME | BURSEMEN | T FOR SCH | IOOL BUS TRA | NSPORTATION: | | |
| This clain | n is for the | period beginning | | | , | 20 and er | nding | ,,, | 20 | |
| | | | İ | month | day | | n | onth da | y | |
| CERTIF | ICATIO | N: | | | | | | | | |
| The infor | mation on | this form is comp | lete and | accurate to the | e best of my kn | owledge. | | | | |
| Date | | | Signatu | re, Chair, Board | d of Trustees | | | | | |
| | | | | | | | | | | |
| County: | | | District | : | | | | District Lev | vel: | |
| 10 Danie | els | | 0194 | Scobey K | K-12 Schoo | ols | | High So | chool | |
| Percentage | District # | Route # | | Miles Per Day | Rate Per Mile | Capacity | Inspection | Days Operated | Bus Driver's Social Security # | |
| 100 | 1 | 1 | | 210 | 1.80 | 84 | 08/14/05 | | | |
| 100 | 1 | 2 | | 158.6 | 0.95 | 36 | 08/14/05 | | | |
| 100 | 1 | 3 | | 111.5 | 0.95 | 36 | 08/14/05 | | | |
| 100 | 1 | 4 | | 135.6 | 0.95 | 48 | 08/14/05 | | | |
| 100 | 1 | 5 | | 108 | 1.36 | 66 | 08/14/05 | | | |
| 100 | 1 | 6 | | 128.7 | 0.95 | 48 | 08/14/05 | | | |
| 100 | 1 | 7 | | 59.9 | 1.15 | 54 | 08/14/05 | | | |
| 100 | 1 | 8 | | 124.9 | 0.95 | 42 | 08/14/05 | | | |

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| PI |
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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

| State | |
|----------|--|
| District | |
| County | |

| DUE DATES: | First Semester February 1 to County Superintendent February 15 to State Superintendent | | | | | | | Second Semester May 10 to County Superintendent May 24 to State Superintendent | | | |
|---|--|-------------------|-----------------------|------------------|------------------|----------|------------------------------|--|-------|-----------------|-----------------------------------|
| COMPL | ETE TH | IS CLAIM FO | R STA | TE REIME | URSEMEN | T FOR | R SCHOOL BUS TRANSPORTATION: | | | | |
| This claim is for the period beginning, 20 and ending, 20 | | | | | | | | • | | | |
| | | | n | nonth | day | | | | month | day | |
| CERTIF | ICATIO | N: | | | | | | | | | |
| The infor | mation on | this form is comp | olete and a | accurate to the | e best of my kn | owledge. | | | | | |
| Date Signature, Chair, Board of Trustees | | | | | | | | | | | |
| County: | | | District: | | | | | | | District Level: | |
| 10 Danie | els | | 0196 | Peerless 2 | K-12 Scho | ools | | | | High Scho | ol |
| Percentage | District # | Route # | | Miles Per Day | Rate Per Mile | Capac | eity | Inspection | | ays rated | Bus Driver's Social Security # |
| 100 | 2 | 1 | | 77 | 0.95 | 47 | | 08/22/05 | | | |
| 100 | 2 | 2A | 94.5 0.95 47 10/06/05 | | | | | | | | |
| | | | | | | | | | | | |

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Date

100

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

Signature, Chair, Board of Trustees

69.8

School District Claim for State Reimbursement for School Bus Transportation

| State | |
|----------|--|
| District | |
| County | |

| DUE DATES: | repluary 1 to County Superintendent | | | | | Second Semester May 10 to County Superintender May 24 to State Superintendent | | |
|---------------|-------------------------------------|---------------------|---------------|---------|--------------|---|--------|--|
| COMPLE | TE THIS CLAIM FOR | STATE REIM | BURSEME | ENT FO | OR SCHOOL | BUS TRANSPORT | ATION: | |
| This claim | is for the period beginning _ | | | _, 20 | and ending _ | | , 20 | |
| | | month | day | | | month | day | |
| CERTIFI | CATION: | | | | | | | |
| The inform | nation on this form is complet | e and accurate to t | he best of my | knowled | ge. | | | |

0.95

County: District: District Level: 10 Daniels 0200 Flaxville K-12 Schools High School District Route Miles Rate Days **Bus Driver's** Percentage # Per Day Per Mile Inspection Operated Social Security # Capacity 1 100 3 96.8 0.95 29 08/15/05

20

08/22/05

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